Informed Consent For Donor 10809 Bosa

Patient Name ("Patient to be inseminated") hereby acknowledge and represent as follows:

Patient Initials

The undersigned patient seeks to use donated semen from **Donor 10809 (Bosa)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials

Patient understands that donor has tested positive as a carrier of *Alpha Thalassemia, 21-hydroxylase Deficient Congenital Adrenal Hyperplasia, Hb Beta Chain-related Hemoglobinopathy (including Beta Thalassemia And Sickle Cell Disease), Arthrogryposis, Mental Retardation, And Seizures (SLC35A3), Mucopolysaccharidosis Type IVa,* and *Multiple Sulfatase Deficiency (SUMF1).*

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Patient Initials

Patient is aware of the aforementioned exceptions and genetic disease risks associated with each.

Patient Initials

Patient agrees to personally assume all risks associated with Patient's use of semen samples donated by a Donor that has tested positive as a carrier of *Alpha Thalassemia, 21-hydroxylase Deficient Congenital Adrenal Hyperplasia, Hb Beta Chain-related Hemoglobinopathy (including Beta Thalassemia And Sickle Cell Disease), Arthrogryposis, Mental Retardation, And Seizures (SLC35A3), Mucopolysaccharidosis Type IVa,* and *Multiple Sulfatase Deficiency (SUMF1).* Patient hereby releases Seattle Sperm Bank and its current and former officers, directors, employees, attorneys, insurers, agents and representatives of any liability or responsibility whatsoever for any and all outcomes, whether currently known, suspected, unknown or unsuspected, arising out of Patient's use of donor semen donated by Donor that has tested positive as a carrier of *Alpha Thalassemia, 21-hydroxylase Deficient Congenital Adrenal Hyperplasia, Hb Beta Chain-related Hemoglobinopathy (including Beta Thalassemia And Sickle Cell Disease), Arthrogryposis, Mental Retardation, And Seizures (SLC35A3), Mucopolysaccharidosis Type IVa,* and *Multiple Sulfatase Deficiency (SUMF1).*

Please select ONE of the following boxes:

☐ **I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 10809 (Bosa)* that has tested positive as a carrier of *Alpha Thalassemia, 21-hydroxylase Deficient Congenital Adrenal Hyperplasia, Hb Beta Chain-related Hemoglobinopathy (including Beta Thalassemia And Sickle Cell Disease), Arthrogryposis, Mental Retardation, And Seizures (SLC35A3), Mucopolysaccharidosis Type IVa,* and *Multiple Sulfatase Deficiency (SUMF1),* and I have been offered genetic testing for this condition by Seattle Sperm Bank and I am choosing to **DECLINE** testing on myself for this condition.

☐ **I ACCEPT Testing**

I understand the risks associated with using donor semen donated by *Donor 10809 (Bosa)* that has tested positive as a carrier of *Alpha Thalassemia, 21-hydroxylase Deficient Congenital Adrenal Hyperplasia, Hb Beta Chain-related Hemoglobinopathy (including Beta Thalassemia And Sickle Cell Disease), Arthrogryposis, Mental Retardation, And Seizures (SLC35A3), Mucopolysaccharidosis Type IVa,* and *Multiple Sulfatase Deficiency (SUMF1),* and I have been offered genetic testing for this condition and have chosen to have myself screened for this condition, as facilitated by Seattle Sperm Bank through the use of genetic testing.

Partner or Spouse Name (if applicable):

verified by approveme

X _____ X Angelo Allard

Signed By Seattle Sperm Bank
Signed On: September 4, 2024

Signature Certificate

Document name: Informed Consent For Donor 10809 Bosa

Unique Document ID: 03C6FB28975F3D3336BF1E7F139006F4EDE86DDD

LEGALLY SIGNED USING WPesignature
Build. Track. Sign Contracts.

Timestamp	Audit
September 4, 2024 6:54 am PST	Informed Consent For Donor 10809 Bosa Uploaded by Seattle Sperm Bank - canam@seattlespermbank.com IP 50.175.77.114

This audit trail report provides a detailed record of the online activity and events recorded for this contract.